FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-3

December 10, 1998

James M. Drinan, Treasurer
American Association of Orthodontists PAC
401 North Lindbergh Boulevard
St. Louis, MO 63141

Identification Number: C00293910

Reference: October Quarterly Report (7/1/98-9/30/98)

Dear Mr. Drinan:

This letter is to inform you that as of December 9, 1998 the Commission has not received your response to our request for additional information, dated November 18, 1998. This notice requests information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy enclosed).

The Commission is in receipt of your amendments for the October Quarterly and 12 Day Pre-Primary Reports dated December 3, 1998; however, they do not address the matters in our letter. If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Richard M. Ng on our toll-free number (800) 424-9530 or our local number (202) 694-1130.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

NOV 18 1998

James M. Drinan, Treasurer
American Association of Orthodontists PAC
401 North Lindbergh Boulevard
St. Louis, MO 63141

Identification Number: C00293910

Reference: October Quarterly Report (7/1/98-9/30/98)

Dear Mr. Drinan:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a multicandidate committee and its affiliates from making a contribution to a candidate for federal office in excess of $5,000 per election.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of $5,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,

Richard Ng
Reports Analyst
Reports Analysis Division

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 5

FOR LINE NUMBER 23.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. The Bennett '98 Committee PO Box 2534 Salt Lake City, UT 84110	U.S. Senate Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/18/98	$500.00
B. Friends of Roger Wicker PO Box 874 Tupelo, MS 38802	U.S. House of Reps. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/18/98	$500.00
C. Friends of Jim McDermott PO Box 21786 Seattle, WA 98111	U.S. House of Reps. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/18/98	$500.00
D. J.D. Hayworth for Congress PO Box 14273 Scottsdale, AZ 85267	U.S. House of Reps. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/18/98	$500.00
E. Committee to Re-elect Ron Paul 837 West Plantation Clute, TX 77531	U.S. House of Reps. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/18/98	$500.00
F. Norwood for Congress PO Box 499 Evans, Georgia 30809	U.S. House of Reps. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/14/98	$5,000/00
G. Re-elect Nancy Johnson to Congress 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	U.S. House of Reps. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/14/98	$1,500.00
H. Porter for Congress Committee PO Box 7126 Beerfield, IL 60015	U.S. House of Reps. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/14/98	$1,500.00
I. Jim Turner for Congress Committee PO Box 780 Crockett, TX 75835	U.S. House of Reps. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/14/98	$4,000.00

SUBTOTAL of Disbursements This Page (optional) $14,500

TOTAL This Period (last page this line number only) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name, Mailing Address and ZIP Code John Hendry for US Congress District 30 P.O. Box 795817 Dallas, TX 75379	Purpose of Disbursement John Hendry House of Representatives TX-30 YTD: $1,000 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10.29.96	Amount of Each Disbursement This Period $1,000
B. Full Name, Mailing Address and ZIP Code Jim Turner for Congress Committee P.O. Box 780 Crockett, TX 75835	Purpose of Disbursement Jim Turner House of Representatives TX-2 YTD: $2,000 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 11.18.96	Amount of Each Disbursement This Period $2,000
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$3,000.00

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